24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Sharon t Craig	Date of Public Distribution/Dissemination
	10 / 14 / Y 2014
Mailing Address 1410 Bushville Dr	Amount
City State Zip Code	20.00
Lenoir NC 28645	Transaction ID: 077f1c96-48f1-4730-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1006579.54	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Sharon t Craig	10 14 Y Y Y Y
Mailing Address 1410 Bushville Dr	Amount
City State Zip Code	9.00
Lenoir NC 28645	Transaction ID : cc06565d-f3a6-44aa-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1006579.54	Disbursement For: Primary ☐ General Other (specify) ►
() CURTOTAL of House of Indonesia of Francischer	20.00
(a) SUBTOTAL of Itemized Independent Expenditures	29.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 16 2014
Signature	